

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: PRAIRIE HOME ELDER SERVICES LLC (410552)

Address: 1463 KENWOOD DR, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 08/01/1999

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0094272 **End Date:** 03/01/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007121 Served 03/17/2005

Deficiencies Cited

83.13(4)(a)

83.42(3)(f)

Subject Area

COMMUNICABLE DISEASE CONTROL

SLEEPING HOURS EVACUATION DRILL

Compliance
Verified

Corrected

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